

<p style="text-align: center;"><b>Evaluation of Supplemental Educational Services</b> <b>STUDENT SURVEY – MIDDLE SCHOOL &amp; HIGH SCHOOL</b></p>
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School Name: \_\_\_\_\_

SES Provider Name: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR EXPERIENCES  
IN THE SUPPLEMENTAL EDUCATIONAL SERVICES PROGRAM YOU ATTENDED.

CHECK THE APPROPRIATE RESPONSES AND RETURN THIS SURVEY  
TO YOUR TEACHER.

**To ensure confidentiality, do not write your name on the sheet.**

1. How long did you attend the program?

\_\_\_\_\_ Less than two months      \_\_\_\_\_ 2 to 6 months      \_\_\_\_\_ 6 months to 1 year

2. How successful in your academic work were you before receiving supplemental educational services?

\_\_\_\_\_ Above Average      \_\_\_\_\_ Average      \_\_\_\_\_ Below Average

3. How well do you feel you have done in your academic work since participating in the supplemental educational services program?

\_\_\_\_\_ Above Average      \_\_\_\_\_ Average      \_\_\_\_\_ Below Average

4. How would you rate the supplemental educational services program in teaching (i.e., reading, writing, speaking, critical thinking, mathematics, etc.)?

\_\_\_\_\_ Above Average      \_\_\_\_\_ Average      \_\_\_\_\_ Below Average

5. Do you feel most staff members showed you respect and a caring attitude?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

6. How beneficial was the supplemental educational services program for you?

\_\_\_\_\_ Very Helpful      \_\_\_\_\_ Helpful      \_\_\_\_\_ Not Helpful

7. Do you feel this program provides a safe learning environment?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

8. What is your overall attitude toward this program?

\_\_\_\_\_ Very Positive    \_\_\_\_\_ Positive    \_\_\_\_\_ Negative    \_\_\_\_\_ Very Negative

Additional Comments: